

COMBINED DECLARATION AND POWER OF ATTORNEY

COPY OF PAPERS OF GINALLY FILED

As a below named wentor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [x] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR DIGITAL MEDIA MANAGEMENT, RETRIEVAL AND COLLABORATION**, the specification of which

(a) [] is a	attached hereto				
	s filed on <u>April</u> ended on		as Application Serial	No. <u>10/063,411</u>	and was
	s described and added and amended on	d claimed in Intern	ational Application N	o	filed on
including the information	ne claims, as ar n which is mate	reviewed and unden mended by any am rial to the patentat	dgment of Duty of Derstood the content of nendment referred to bility of the subject materials § 1.56(a).	f the above identifi above. I acknowle	edge the duty to disclose
365(c) of a insofar as t States or Packnowled	ny PCT interna the subject math PCT internationa ge the duty to d e filing date of the	tional application of ter of each of the of al application in the isclose material in	designating the Unite claims of this applicat e manner provided by	d States of Americ tion is not disclosed the first paragrap in 37 CFR § 1.56	d in the prior United h of 35 U.S.C. § 112, I which became available
PCT/US(28 Aug 2001 (Filing Date)	Pe (Status)(patented,pendin	nding g.abandoned)	(Patent No. if applicable)
(FF	-	(9 – 3.00)	(,	g, az a a c c a)	(according approache)
(Application S	erial No.)	(Filing Date)	(Status)(patented,pendin	g,abandoned)	(Patent No. if applicable)

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

021121

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600

PATENT TRADEHAR OFFICE

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or
inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than
the United States of America, listed below and have also identified below any foreign applications for patent or
inventor's certificate, or of any PCT international application having a filing date before that of the application on which
priority is claimed

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME	
OR FIRST INVENTOR	FLANK	SHARON		
RESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
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DATE 7 May 2002		SIGNATURE		

[]Signature for additional joint inventor attached	 Numer of Pages _
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Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.

^[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.